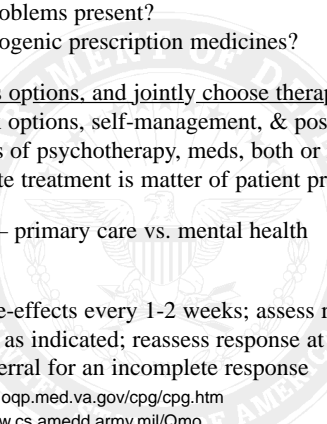


## VA/DoD Clinical Practice Guideline for Major Depressive Disorder in Adults: Primary Care

1. Screening – Routine in primary care. ('yes' to either Q below = positive screen)
  - YES/NO: During the past month, have you often been bothered by feeling down, depressed, or hopeless?
  - YES/NO: During the past month, have you often been bothered by little interest or pleasure in doing things?
2. Consider for emergent triage: Delirium, acute or marked psychosis, severe depression (e.g. catatonia, malnourishment), acute danger to self or others, or unstable acute medical conditions.
3. Assess for "red flags": High index of suspicion for depression if...  
unexplained symptoms, chronic illness, decreased function, hx of abuse/neglect, family hx, significant losses, other psychiatric problems
4. Assess for depressive episode. 5 or more of "sig-e-caps" for at least two weeks  
(1 or 2 of the 5 symptoms must be ▼ interest and/or depressed mood)  
Sleep (▲ or ▼), Interests (▼), Guilt, Energy (▼), Concentration (▼), Appetite (▲ or ▼),  
Psycomotor changes (▲ or ▼), Suicidal ideas.

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5. Assess for possible medical contributors (“DSM”) and optimize management.
- Diseases: any exacerbating depression?
  - Substance misuse: any problems present?
  - Medications: any depressogenic prescription medicines?
6. Provide education, discuss options, and jointly choose therapy.
- Educate on depression, tx options, self-management, & possible contributors.
  - Discuss risks and benefits of psychotherapy, meds, both or neither.
  - Jointly choose: appropriate treatment is matter of patient preference.
7. Determine locus of care — primary care vs. mental health
8. Course of therapy.
- Monitor adherence & side-effects every 1-2 weeks; assess response at 4 to 6 weeks and adjust therapy as indicated; reassess response at 12 weeks
  - Consider consultation/referral for an incomplete response

VA access to full guidelines: <http://www.oqp.med.va.gov/cpg/cpg.htm>

DoD access to full guidelines: <http://www.cs.amedd.army.mil/Qmo>

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